



2009 Iowa Special Assessment Credit Claim

Claimant's Last Name	Claimant's First Name	Claimant's Social Security Number / /	Claimant's Birth Date / / Month Day Year	County Number _ _
Spouse's Last Name	Spouse's First Name	Spouse's Social Security Number / /		
Street Address			Do Not Write In This Space ▲	
City, State, Zip Code				

Were you 65 or older or totally disabled and 18 or older as of December 31, 2008? **YES** ☐ **NO** ☐
 If yes, you must provide proof of your disability from your doctor or Social Security office describing your disability and the date it began.

"Household Income" includes the income of the claimant and the claimant's spouse, if living together, and monetary contributions received from any other person living with the claimant.

2008 Household Income

Use Whole DOLLARS Only

1. Wages, salaries, tips, etc. _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
2. In-kind assistance for housing expenses _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
3. Title 19 Benefits (excluding medical benefits) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
4. Social Security income _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
5. Disability income _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
6. All pensions and annuities _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
7. Interest and dividend income _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
8. Profits from businesses and/or farming and capital gains If less than zero, enter 0 (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
9. Money received from others living with you (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
10. Other income (Read instructions before making this entry) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
11. Total lines 1-10 _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
12. Medical and Care Expenses (see instructions) _____	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
13. SUBTRACT line 12 from line 11, enter here _____ (If more than \$10,319 No Credit is Allowed)	<input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

This is your total household income

For Use By County Treasurer Only Installment Number _____ Annual Special Assessment Payment _____ State _____ Reimbursement _____

Do not enter an amount on line 12 unless you are totally disabled and incurred medical or care expenses attributable to your disability. List below the nature and amount of each expense included on line 12.

I declare under **penalty of perjury** that I have reviewed this claim and to the best of my knowledge and belief, it is true, correct and complete.

Claimant's Signature

Date

(____) _____
Claimant's Telephone Number

This Claim Must Be Filed With Your County Treasurer by September 30, 2009



WHO IS ELIGIBLE:

You are eligible to claim a special assessment credit if your total household income was not more than \$10,319 and you were: (a) 65 years of age or older by December 31, 2008, or (b) totally disabled and 18 years of age or older by December 31, 2008.

Line 1: Wages, salaries, tips, etc. - Enter the total wages, salaries, tips, bonuses, and commissions received.

Line 2: In-kind Assistance - Enter any portion of your housing expenses including utilities that was paid for you. Do not enter Federal Energy Assistance.

Line 3: Title 19 Benefits - Enter your Title 19 benefits received for housing expenses. Do not include medical benefits.

Line 4: Social Security Income - Enter the total Social Security benefits received even if not reportable for income tax purposes. Include any Medicare premiums withheld.

Line 5: Disability - Enter the total received for disability or injury compensation, even if not reportable for income tax purposes.

Line 6: All pensions and annuities - Enter the total received from pensions and annuities, even if not reportable for income tax purposes.

Line 7: Interest and Dividend income - Enter taxable interest income, plus **all** interest income from federal, state and municipal securities.

Enter taxable dividends and distributions received. Include cash dividends and dividends paid in the form of merchandise or other property and report at fair market value.

Line 8: Profit from business and/or farming and capital gains - Enter profit from business and/or farming, and any gains received from the sale or exchange of capital assets. Capital losses are limited to the same amount that you are allowed to report for income tax purposes. **Any loss must be offset against gains, and a net loss must be reported as zero.**

Line 9: Monetary contributions - Enter **money** received from others living with you. Do not include goods and services received.

Line 10: Other income - Enter total income received from the following sources:

- (a) Child support and alimony payments.
- (b) Welfare payments. Report FIP and all other welfare program cash payments. Do not include foster grandparents' stipends or non-cash government assistance (food, clothing, food stamps, medical supplies, etc.)
- (c) Insurance income not reported elsewhere.
- (d) Gambling, unemployment, and all other income not reported elsewhere.

Line 11: Total - Add Lines 1 through 10. Enter total here.

Line 12: Medical and Care Expenses - Enter all medical and necessary care expenses paid during the year which were related to your disability. These are the same as you are allowed to deduct for federal income tax.

Line 13: Total Household Income - Subtract Line 12 from Line 11. If more than \$10,319, no credit is allowable

Sign, date and enter your telephone number.
Then return this claim to your county treasurer
by September 30, 2009.

For Assistance:
contact your
county treasurer